MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/744 395

APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5		3		3				55						
6								56						
7								57						
8		2		3				58						
9				3				59						
10		1		1				60						
11								61						
12		1						62						
13		1		1				63						
14								64						
15		1						65						
16		1		1				66						
17								67						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	20		2 20					TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS	20		22					TOTAL CLAIMS						